

Name _____

Date _____

Biotoxin Illness Symptom Checklist

Please rate your symptoms for the last month

0 = never had

5= have frequently or is severe

Fatigue	0	1	2	3	4	5
Weakness	0	1	2	3	4	5
Muscle pain	0	1	2	3	4	5
Muscle cramps	0	1	2	3	4	5
Unusual pain	0	1	2	3	4	5
Ice pick pain	0	1	2	3	4	5
Headache	0	1	2	3	4	5
Light sensitivity	0	1	2	3	4	5
Red eyes	0	1	2	3	4	5
Blurred vision	0	1	2	3	4	5
Tearing	0	1	2	3	4	5
Sinus issues	0	1	2	3	4	5
Cough	0	1	2	3	4	5
Shortness of breath	0	1	2	3	4	5
Abdominal pain	0	1	2	3	4	5
Diarrhea	0	1	2	3	4	5
Joint pain	0	1	2	3	4	5
Morning stiffness	0	1	2	3	4	5
Memory problems	0	1	2	3	4	5
Difficulty concentrating	0	1	2	3	4	5
Confusion	0	1	2	3	4	5
Word searching	0	1	2	3	4	5
Disorientation	0	1	2	3	4	5

Unable to comprehend new knowledge	0	1	2	3	4	5
Skin sensitivity	0	1	2	3	4	5
Increased thirst	0	1	2	3	4	5
Increased urination	0	1	2	3	4	5
Static shocks	0	1	2	3	4	5
Mood swings	0	1	2	3	4	5
Appetite high or low	0	1	2	3	4	5
Night sweats	0	1	2	3	4	5
Difficulty regulating body temperature	0	1	2	3	4	5
Numbness	0	1	2	3	4	5
Tingling	0	1	2	3	4	5
Vertigo	0	1	2	3	4	5
Metallic taste	0	1	2	3	4	5
Tremor	0	1	2	3	4	5